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RPTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/825,567		
	<b>Filing Date</b>	April 15, 2004	
	<b>First Named Inventor</b>	Quake	
	<b>Group Art Unit</b>	2872	
	<b>Examiner Name</b>	Robinson, M. A.	
<b>Total Number of Pages in This Submission</b>	7	<b>Attorney Docket Number</b>	20174C-013520US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return receipt postcard 2) PTO/SB/08A and PTO/SB/08B forms
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. Total number of pages <u>does not</u> include cited references.		

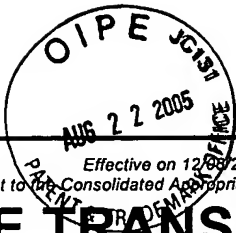
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm and Individual name</b>	Townsend and Townsend and Crew LLP	
	Randolph Ted Apple	Reg No. 36,429
<b>Signature</b>		
<b>Date</b>	August 18, 2005	

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			August 18, 2005
<b>Typed or printed name</b>	Christopher R. Fitting		
<b>Signature</b>		<b>Date</b>	August 18, 2005

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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

### Complete if Known

Application Number 10/825,567  
Filing Date April 15, 2004  
First Named Inventor Quake  
Examiner Name Robinson, M. A.  
Art Unit 2872  
Attorney Docket No. 20174C-013520US

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)      Multiple Dependent Claims  
-20 or HP = \_\_\_\_\_ x \$ \_\_\_\_\_ = \$0      Fee (\$)      Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
-3 or HP = \_\_\_\_\_ x \$ \_\_\_\_\_ = \$0

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)  
- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement (after office action)

Fees Paid (\$)

180.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,429	Telephone (650) 326-2400
Name (Print/Type)	Randolph Ted Apple		Date August 18, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT  
Attorney Docket No.: 20174C-013520US  
Client Reference No.: CIT 3575-D

Commissioner for Patents  
P.O. Box 1450  
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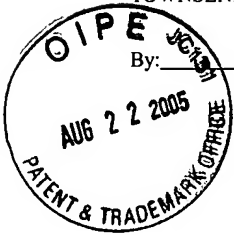
On

8/18/05

TOWNSEND and TOWNSEND and CREW LLP

By:

*Qe* *7dt*



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Quake et al.

Application No.: 10/825,567

Filed: April 15, 2004

For: MICROFABRICATED LENSES,  
METHOD OF MANUFACTURE  
THEREOF, AND APPLICATIONS  
THEREOF

Examiner: Mark A. Robinson

Art Unit: 2872

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The reference cited on the attached PTO/SB/08A form is being called to the attention of the Examiner. A copy of the reference is not enclosed. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

08/23/2005 MBERHE 00000040 201430 10825567

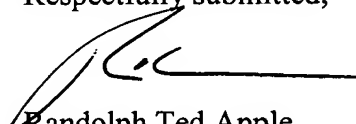
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As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference should be made that the information and references cited are prior art merely because they are in this statement.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance. Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

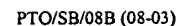
Respectfully submitted,



Randolph Ted Apple  
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Substitute for form 1449B-PTD

**(use as many sheets as necessary)**

Sheet	2	of	2
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**Complete if Known**

<i>Application Number</i>	10/825,567
<i>Filing Date</i>	April 15, 2004
<i>First Named Inventor</i>	Quake, Stephen R.
<i>Art Unit</i>	2872
<i>Examiner Name</i>	Mark A. Robinson
<i>Attorney Docket Number</i>	20174C-013520US

## NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner  
Signature

Date  
Considered

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.